


(Official Form 1) (12/03)

FORM B1		United States Bankruptcy Court Northern District of Illinois		Voluntary Petition				
Name of Debtor (if individual, enter Last, First, Middle): Triplett, Bonita D.			Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): Bonita Dalton Bonita D. Appling Bonita Dalton-Triplett			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-2627			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):					
Street Address of Debtor (No. & Street, City, State & Zip Code): 10157 S. Carpenter Chicago, IL 60643			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):					
County of Residence or of the Principal Place of Business: Cook			County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):					
Location of Principal Assets of Business Debtor (if different from street address above):								
Information Regarding the Debtor (Check the Applicable Boxes)								
Venue (Check any applicable box) <input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.								
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding					
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.					
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)								
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses will be no funds available for distribution to unsecured creditors.								
Estimated Number of Creditors		1-15	16-49	50-99	100-199	200-999	1000+	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated Assets		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Debts		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U.S. Bankruptcy Court
Northern District of Illinois
Filed: 12/02/2004
Time: 15:10:14
Debtor: BONITA D TRIPLETT
Case: 04-44461 Fee: 194
Chapter: 13 Rec. #: 3113682
Judge: Carol Doyle
341 mtg: 12/30/2004 @ 12:00PM
ConfHrg: 01/27/2005 @ 10:45AM
Trustee: MARILYN MARSHALL


1:04BK44461-BK001

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

Triplett, Bonita D.**Prior Bankruptcy Case Filed Within Last 6 Years** (If more than one, attach additional sheet)

Location

Where Filed: **Northern District of Illinois, Eastern Division**

Case Number:

01 B 45048

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Bonita D. Triplett
Signature of Debtor **Bonita D. Triplett**X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

December 1, 2004

Date

Signature of AttorneyX Roxanne B. Jackson
Signature of Attorney for Debtor(s)**Roxanne B. Jackson, Esq 6273966**

Printed Name of Attorney for Debtor(s)

Roxanne B. Jackson & Associates

Firm Name

**10540 S. Western Suite 201
Chicago, IL 60643**

Address

Email: RoxanneJackson@AOL.COM**773-233-9112 Fax: 773-233-9882**

Telephone Number

December 1, 2004

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X Roxanne B. Jackson **December 1, 2004**
Signature of Attorney for Debtor(s) Date
Roxanne B. Jackson, Esq 6273966**Exhibit C**

Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.
☒ No**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number (Required by 11 U.S.C. § 110(c).)

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____
Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Form B6F
(12/03)

In re **Bonita D. Triplett**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 334-47584 ADT Security Services P.O. Box 371490 Pittsburgh, PA 15250-7490		W	Security Alarm System-Bonita Dalton	X			121.82
Account No. 773-298-9886-2750 ameritech Bill Payment Center Chicago, IL 60663-0001		W	Telephone Bill-Bonita Dalton	X			164.39
Account No. 4111332740 ameritech Face Illinois P.O. Box 608 Winley Park, IL 60477		W	Telephone Bill	X			916.74
Account No. 4305-3100-5022-1669 Associates National Bank P.O. Box 6532 He Lakes, NV 88901-6532		W	Visa Gold Card-Bonita Dalton	X			7,855.08
Subtotal (Total of this page)							9,058.03

3 continuation sheets attached

Form B6F - Cont
(12/03)

In re **Bonita D. Triplett**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 130-684-673 Dadwicks P.O. Box 659562 San Antonio, TX 91914-6997	W	Credit Card-Bonita Dalton	X			805.75
Account No. 5291-0717-2557-3848 Capitol One P.O. Box 25131 Richmond, VA 23276-0001	W	Credit card purchases-Bonita Triplett	X			784.41
Account No. 068217/051921 Cardiology Diagnostic Services P.O. Box 616 Forest Park, IL 60130	W	Medical Bill-Bonita Dalton-Triplett	X			75.00
Account No. 00-5-75-668-1 Carson Pirie Scott and Company P.O. Box 6000 Hammond, IN 46325-6000	W	Credit Card-Bonita Dalton	X			901.96
Account No. 5422-432055960219 Chase Manhattan P.O. Box 6997 Dewey, DE 91914-6997	W	Credit Card-Bonita Dalton	X			7,931.19
Sheet no. 1 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 10,498.31

Form B6F - Cont
(12/03)

In re **Bonita D. Triplett**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 4128-0031-7651-7226 Citibank Card P.O. Box 6409 The Lakes, NV 88901-6409		W		Credit Card Visa-Bonita Dalton	X			1,310.15
Account No. 5424-1802-6746-5646 Citibank Card P.O. Box 6409 The Lakes, NV 88901-6409		W		MasterCard Credit Card-Bonita Dalton	X			7,707.73
Account No. 4132740 Collecto/Credit PAC P.O. Box 608 Miley Park, IL 60477-0608		W		Medical Bill-Bonita Dalton	X			916.74
Account No. 0000012300 Family Practice Healthcare 1741 Ravina Avenue Mendota Park, IL 60462-3100		W		Medical Bill-Bonita D. Triplett	X			70.00
Account No. 371-185-416-0 Penny P.O. Box 981131 Paso, TX 79998		W		Credit Card-Bonita Dalton	X			2,897.33
Subtotal (Total of this page)								12,901.95

Sheet no. 2 of 3 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Form B6F - Cont
(12/03)

In re **Bonita D. Triplett**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Lauren Dalton			Medical Bill for Lauren Dalton (Daughter)				
Nicheal Field, M.D. 000 Skokie Blvd. Suite 425 Vilmette, IL 60091		W		X			210.00
Account No. 01-71295-96005-7			Credit Card-Bonita D. Appling				
ears Premier Card P.O. Box 182149 Columbus, OH 43218-2149		W		X			6,486.27
Account No.							
Account No.							
Account No.							
Account No.							
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							6,696.27
Total (Report on Summary of Schedules)							39,154.56